

S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF DEMETRIUS BROWN	COURT CASE NUMBER 1:04-cv-379E
DEFENDANT UNITED STATES ATTORNEY GENERAL	TYPE OF PROCESS SUMMONS

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SERVE { United States Attorney General

AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Attorney General, Department of Justice, Room 5137, 10th Street
and Constitution Avenue, N.W. Washington, D.C. 20530

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
<input checked="" type="checkbox"/> Demetrius Brown Reg. No. 21534-039 FCI RayBrook P.O. Box 9001 RayBrook, NY. 12977	Number of parties to be served in this case	9
	Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fwd The Defendant is hereby summoned and required to serve upon Plaintiff, Demetrius ~~Brown~~ Brown, whose address is stated above, an answer to the complaint which is herewith served upon you within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. The nature of this action is a Tort Claim for personal injuries suffered due to ETS in which relief is for ten million dollars; filed with the Clerk of Court for the Western District of Pennsylvania.

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<u>Demetrios Brown</u>	<input type="checkbox"/> DEFENDANT	11/21/05	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I have personally served, have legal evidence of service, have excused as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date <u>11/21/05</u> Time <u>12:00</u> <input type="checkbox"/> am <input type="checkbox"/> pm

Service Fee	Total Mileage Charges including endearments	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of RCfund*)
<u>Joe</u>			<u>Joe</u>		<u>718.02</u>

REMARKS: cut # 9842 8020 4727 1260

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



C Signature *[Signature]*

Agent
 Addressee

X DEC 13 2005

Is delivery address different from item 1?
If YES, enter delivery address below.

Yes
 No

1. Address: 3701 RAYBURN BLDG 4727

2. Shipping Type: CERTIFIED MAIL

4. Restricted Delivery? (Extra Fee) Yes

5. Article: Express Mail

UNITED STATES ATTORNEY GENERAL
DEPARTMENT OF JUSTICE
ROOM 5137
10TH STREET & CONSTITUTION AVE., NW
WASHINGTON, D.C. 20530

6-3798, O/P, 12/6/05, SRB

PS Form 3811, January 2003

Domestic Return Receipt